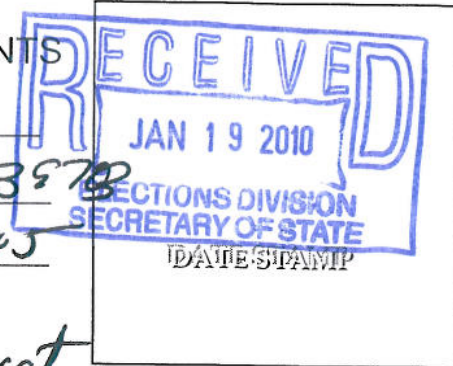


Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Jeffrey C. Smith
Full Address 20. Box 681 Columbus MS 39702
Telephone 662-328-2711 (Fax) 662-328-0743
E-mail Smiths AND Smiths @ Yahoo.com
Office Sought House of Representatives Political Party Democrat



☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$	2,550. ⁰⁰	\$ 2,550. ⁰⁰
Total amount of disbursements	\$	6,767. ⁹⁸	\$ 6,767. ⁹⁸
Total amount of cash on hand	\$	- 0 -	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jeffrey C. SmithReporting period 1-13-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into Cash of US, Inc</u>		<u>4 / 16 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 550</u>		<u> / / </u>	\$
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer Corporation</u>		<u>9 / 9 / 09</u>	\$ <u>300.00</u>
Mailing Address <u>810 Parish St.</u>		<u> / / </u>	\$
City, State, Zip Code <u>Pittsburg, PA 15205</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy Corporation</u>		<u>10 / 9 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 650205</u>		<u> / / </u>	\$
City, State, Zip Code <u>Dallas, Texas 75265-0205</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific</u>		<u>10 / 12 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u> / / </u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Jeffrey C. Smith

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories Employee Political Action</u>		<u>10/23/09</u>	\$ <u>250.00</u>
Mailing Address <u>100 Abbott Park Road</u>		___/___/___	\$
City, State, Zip Code <u>Abbott Park, IL 60064-6088</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T</u>		<u>10/27/09</u>	\$ <u>400.00</u>
Mailing Address <u>2310 7th St</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39301</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reynolds American</u>		<u>11/5/09</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 2990</u>		___/___/___	\$
City, State, Zip Code <u>Winston-Salem, NC 27102</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>US Association For Homecare</u>		<u>12/1/09</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St Ste B</u>		___/___/___	\$
City, State, Zip Code <u>Clinton, MS 39056</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee

Jeffrey C. Smith

Reporting period

1-1-09

through

12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	Sterling Towers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	170 E. Griffith St.	1/1/09	\$ 475.00
City, State, Zip Code	Jackson, MS 39201	12/31/09	\$
Purpose of Disbursement (Optional)	Rent for Apt in Jackson	Aggregate Year-to-date	\$ 5700.00
B. Full name	Time Warner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		3/7/09	\$ 92.98
City, State, Zip Code	Jackson, MS	1/1/09	\$
Purpose of Disbursement (Optional)	Apt in Jackson	Aggregate Year-to-date	\$ 92.98
C. Full name	Randall Patterson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 1018	7/27/09	\$ 750.00
City, State, Zip Code	Jackson, MS 39215	1/1/09	\$
Purpose of Disbursement (Optional)	Contribution	Aggregate Year-to-date	\$ 750.00
D. Full name	First Baptist Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 829	11/15/09	\$ 175.00
City, State, Zip Code	Columbus, MS 39703	1/1/09	\$
Purpose of Disbursement (Optional)	Donation	Aggregate Year-to-date	\$ 175.00
E. Full name	Gas Station	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/20/09	\$ 50.00
City, State, Zip Code	Jackson, MS	1/1/09	\$
Purpose of Disbursement (Optional)	Gas	Aggregate Year-to-date	\$ 50.00
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/09	\$
City, State, Zip Code		1/1/09	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$